

Part IV

Gather supporting documents to send us

When you send us your Registration Form, you must include the following documents.

You need to send us:

Tip: Make sure you copy the front and back of all documents and the payment stub from your insurance bill.

A copy of your health insurance bill dated within the last 60 days.

Look on your health insurance bill and make sure it has all of the following information:

- Your name
- Name and phone number of your health plan or administrator
- Monthly premium amount
- Monthly premium due date
- Dates of coverage
- Health plan identification number(s)
- Address for mailing your payments

If necessary, your bill may need to show the following:

- Dollar amounts for family members who are not eligible for the HCTC
- Separate dollar amounts that do not count towards the HCTC (such as dental or vision coverage)

Usually your health insurance bill will have all this information on it.

If it doesn't, you must give us a letter from your health plan with this information on it. For example, your bill may not show the dollar amount you pay for a family member who is not eligible for the HCTC. You will need to give us a letter or another document from your health plan that lists the dollar amount you pay for the family member.

Additionally, if you have COBRA, you also must send us:

One of these documents:

- A copy of your completed and signed COBRA Election Letter. It may also be called a COBRA Enrollment Form, Application Form, Enrollment Application for Continuing Coverage, or Election Agreement; *or*
- A letter from your former employer or COBRA administrator saying you have COBRA. The letter must have
 - The COBRA start and end dates
 - Name of the health plan
 - Your home address
 - Covered family members, their dates of birth, their relationship to you, and their Social Security Numbers; *or*
- A copy of the "Notice of Rights to Continue Coverage" and proof you have paid your bill. You can use a cancelled check or a credit card/bank statement dated within the past 60 days as proof.

If you have non-group/individual coverage, you also must send us:

Both of these documents:

- A letter or other document from your former employer or your unemployment office that shows the date you left your job, *and*
 - A document from your health plan that shows your first date of coverage.
- Remember, your first day of coverage in a non-group/individual health plan must have been at least 30 days before you left your job that made you eligible for PBGC or TAA benefits.



Caution: If we do not receive all the information listed above with your Registration Form, we cannot properly process your form.